

**2023 ABUNDANT HARVEST  
COOPERATIVE APPLICATION**  
Community Food Bank Farmers' Markets



**COMMUNITY  
FOOD BANK**  
OF SOUTHERN ARIZONA

**Farmers' Market & Abundant Harvest Cooperative Purpose**

The Community Food Bank of Southern Arizona manages weekly Farmers' Markets to promote the development of a strong regional food system and a more food secure community. The Markets are established in urban areas and food deserts to facilitate connections between local producers, community members, and partner organizations to promote access to fresh local food, economic development, and social capital. All Community Food Bank Farmers' Markets accept Supplemental Nutrition Assistance Program (SNAP) benefits and participate in the payment instruments provided by the Arizona Farmers' Market Nutrition Program (AZFMNP) and Women, Infants, and Children (WIC). The Abundant Harvest Cooperative is a means for small growers and backyard gardeners to aggregate their agricultural products, access a wide consumer base, and earn extra revenue in a low-risk way. Through the steady presence and diversity of CFB Abundant Harvest Cooperative products, community members have greater access to local, healthy food.

**Member Grower Acceptance**

All member growers must reside and grow in Southern Arizona, grow without the use of chemical pesticides, and submit a Crop Plan which the program will keep on file in order to maintain AHC's "approved grower" status to accept AZFMNP benefits. New member growers must complete an Application form and receive notification of acceptance before participating. Existing Member growers must complete a new Application when products or practices change significantly (i.e., new growing location, new growing method, new product line), and receive notification of acceptance before participating with new products.

***Please complete this form and return it to the contact information below, along with proof of all licenses, permits, certifications, and crop plan.***

**General Information**

<b>Grower Name</b>			
<b>Farm Name (if applicable)</b>			
<b>Mailing Address</b>			
<b>Location(s) of garden or farm</b>			
<b>Phone Numbers</b>			
<b>Email Address</b>			
<b>Business Ownership (check all that apply)</b>	<input type="checkbox"/> Family-owned	<input type="checkbox"/> LLC	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation
<b>Health Permit #:</b>		<b>Date Issued:</b>	
<b>Business Privilege License #:</b>		<b>Date Issued:</b>	

Community Food Bank Farmers' Markets  
3003 S Country Club Rd, Tucson AZ 85713

Emmanuel Morales, Community Development Manager  
emorales@communityfoodbank.org; 520-488-0723

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**Market Drop-off Locations and Times:**

Grower drop off Wednesdays 11am-1pm  
Community Food Bank of S. AZ  
3003 S. Country Club Rd

**Member Type (check all that apply):**

- Producer** – grown or raised agricultural products sold as-is (i.e., apples, lettuce, eggs, nuts)
- Processor** – mixed or jarred products (i.e., flour, cider)

**Products**

*Please list each item you will sell at Market this year, along with the month(s) in which you will sell it. Each variety of produce should be listed separately.*

<b>Produce Item</b>	<b>Month(s)</b>
<i>Example: Anaheim chiles</i>	<i>May-November</i>

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**Growing Practices**

*To better understand and promote your products, please complete the information below.*

**Growing Space**

How much land do you grow on?	
Please check all of the growing types you currently practice.	<input type="checkbox"/> In-ground <input type="checkbox"/> Raised bed/Pots <input type="checkbox"/> Permaculture <input type="checkbox"/> Hydroponic <input type="checkbox"/> Aquaponic
Please check all of the season extension structures you use.	<input type="checkbox"/> Row Covers <input type="checkbox"/> Hoop house <input type="checkbox"/> Greenhouse <input type="checkbox"/> Wind breaks <input type="checkbox"/> None

**Soil Management**

What soil types do you use?	
Please check all the soil fertility practices you use.	<input type="checkbox"/> Cover crops <input type="checkbox"/> Compost <input type="checkbox"/> Mulching <input type="checkbox"/> Soil amendments <input type="checkbox"/> Raw animal manure <input type="checkbox"/> Aged manure <input type="checkbox"/> Raw organic vegetable matter <input type="checkbox"/> Commercial fertilizer <input type="checkbox"/> Soil mixes <input type="checkbox"/> Other: _____

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***Diversity Management***

Please check all of the diversity management practices you use.

- Heirloom varieties
- Seed saving
- Habitat buffer zones
- Habitat for pollinators
- Other: \_\_\_\_\_

***Water Management***

Please check all sources of irrigation water.

- Rainfall
- Well water
- Municipal water
- Irrigation district allotment
- Other: \_\_\_\_\_

Please check all methods of irrigation used.

- Drip irrigation
- Flood irrigation
- Sprinkler irrigation
- Other: \_\_\_\_\_

***Pest Management***

List primary weed problems.

Please check all weed management practices used.

- Hand cultivation
- Machine cultivation
- Synthetic herbicides
- Organic herbicides
- Mulching
- Other: \_\_\_\_\_

List primary insect and other pest problems.

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<p>Please check all insect and pest management practices used.</p>	<p><input type="checkbox"/> Crop rotation</p> <p><input type="checkbox"/> Resistant crops</p> <p><input type="checkbox"/> Hand-removal</p> <p><input type="checkbox"/> Synthetic pesticides</p> <p><input type="checkbox"/> Organic pesticides</p> <p><input type="checkbox"/> Release of beneficials</p> <p><input type="checkbox"/> Pheromone disruptors</p> <p><input type="checkbox"/> Other: _____</p>
<p>List primary disease problems.</p>	
<p>Please check all disease management practices used.</p>	<p><input type="checkbox"/> Crop rotation</p> <p><input type="checkbox"/> Resistant crops</p> <p><input type="checkbox"/> Hand-removal</p> <p><input type="checkbox"/> Synthetic pesticides</p> <p><input type="checkbox"/> Organic pesticides</p> <p><input type="checkbox"/> Other: _____</p>
<p><b><i>Waste Management</i></b></p>	
<p>Please check all of the waste management practices used.</p>	<p><input type="checkbox"/> On-site composting</p> <p><input type="checkbox"/> Off-site composting</p> <p><input type="checkbox"/> On-site recycling</p> <p><input type="checkbox"/> Off-site recycling</p> <p><input type="checkbox"/> Other: _____</p>
<p><b><i>Harvest &amp; Storage</i></b></p>	
<p>Please check all harvesting systems used.</p>	<p><input type="checkbox"/> Hand-harvesting</p> <p><input type="checkbox"/> Mechanical harvesting</p> <p><input type="checkbox"/> Other: _____</p>
<p>Please check all types of cold storage used.</p>	<p><input type="checkbox"/> Refrigerator</p>

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	<input type="checkbox"/> Walk-in cold storage <input type="checkbox"/> Adapted cold storage (i.e., CoolBot) <input type="checkbox"/> Coolers/Ice <input type="checkbox"/> Other: _____
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**Energy Sources**

<p>Please check all the fuel and energy sources used on-site.</p>	<input type="checkbox"/> Diesel <input type="checkbox"/> Bio-diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Electricity from grid <input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Other: _____
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<p>Please check all the fuel sources used for farm to market transport.</p>	<input type="checkbox"/> Diesel <input type="checkbox"/> Bio-diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Hybrid technology <input type="checkbox"/> Other: _____
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**Growing Involvement**

How many years have you been growing?	
What do you feel are your areas of growing expertise?	
What would you like to learn more about?	
Would you like to tour other Growers' areas to learn about their produce and practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you provide a tour of your growing area to other Growers to share knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to be individually certified as an AZFMNP Grower?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in becoming a Lead Grower? (See attached fact sheet for information on Lead Growers, or ask CFB staff for more information.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Additional Information**

*Please share anything else you want the Application review team to know.*

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**Authorized Representatives**

Please list the full names of representatives who *may drop-off or pick-up produce* for you:

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Please list the full names of representatives who *may pick up payments* for you:

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**Acknowledgement and Acceptance**

*Please sign below to acknowledge that everything on this application is complete and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please sign below to indicate that you agree to the Abundant Harvest Cooperative Guidelines and Procedures.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only			
Date Received:			
Status:	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Waitlist until:		
Date Applicant was notified of Status:		Form of Notification (i.e., call, email):	
Notes:			
Grower:	<input type="checkbox"/> Member as of _____ <input type="checkbox"/> Lead as of _____		
Signature of AHC Coordinator or Representative:			